Board of Health, City of Baltimore,

Permit No. 99662

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the patient, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5. 6. 87. p.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bonnitz Alexander Ham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bookkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 941 N. Ann St.

Cause of Death, First (Primary,) Bright's dis: contracted Kidney,

Second (Immediate,) Edema of brain.

Duration of Last Sickness, Since Feb. 20th 188;

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 8th

Undertaker, Geo Schilling

Place of Business, Ashland Tyrnan

N. G. Keirle

Medical Attend

Address 1419 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be th of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Cer setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132, Printed 10/25/2022.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS.BALTIMORE CITY; cm1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99663 ***Office of Registrar of Vital Statistics.*** **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, May 6th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis McCurdy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 5 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Worker in a Tin Shop.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2021 Winans Row.

Cause of Death, First (Primary), Traumatic Tetanus. From Pistol Shot in right leg - rec'd Apr. 24 87

Second (Immediate), Spasms.

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Holy Cross~~

Date of Burial, May 7th 1887

Undertaker, Bernard Hale

Place of Business, 116 West St

F. J. Flannery Coroner M. D.

~~Medical Attendant.~~

Address, 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

over

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

No. 99664

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99664 ***Office of Registrar of Vital Statistics.*** **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th /87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McGlone

Sex, Male or Female, {Cross out the word not required in this line.} ✗

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✗

Occupation, Labour

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} (O.H.) 639 Light St

Cause of Death, First (Primary), Alcoholism
Second (Immediate), Hypostatic Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Barnes Brawlowitz

Date of Burial, May 7" 1887

Undertaker, Bernard Harle

Place of Business, 115 West St

J. C. Burch M. D.
Medical Attendant.

Address, 511 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9965 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 7 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fischer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Piano-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 54 years.

Place of Death, {Give Street and Number.} 300 Montgomery St. (old)

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Asphyxia

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Montgomery Cemetery.

Date of Burial, May the 8. 87

Jno Gombel M. D.
Medical Attendant.

Undertaker, Geo. Leimbach

Place of Business, 647 W. Balt St. *Address,* 610 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132, Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 99666 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5. 1887

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Phoebe Jane Williams

Sex, Male or Female, (Cross out the word not required in this line.) Female

Age, 22 *Years,* *Months,* *Days,*

Color, negro

Married, Single, Widow or Widower, (Cross out the word not required in this line.) Single

Occupation

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Howard County

Duration of Residence in the City of Baltimore, 20 years

Place of Death, (Give street and Number.) 636 Jasper Street

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, 7 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 8th 1887

Undertaker Alex Hemsley

Place of Business, 561 Orchard

Marbury Brewer M. D.
Medical Attendant.

Address, 1030 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

No. 99667

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99667 ***Office of Registrar of Vital Statistics.*** **Ward** 12 2/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 6 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Henleser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} #1135 Kirk St

Cause of Death, First (Primary), Typho Malarial Fever
Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsis

Date of Burial, May 8th 1887

Undertaker, John J Andrews

Place of Business, No 407 Druid Hill Ave

John G. Hueck M. D.
Medical Attendant.

Address, Argyle Ave & Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99668 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 7 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 6 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Baum

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 1036 Argyle Ave

Cause of Death, First (Primary), Pneumatosis Chronic

Second (Immediate), Inanition

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 9/87

Undertaker, Henry Hitchcock

Place of Business 1201 N. Fayette

W. F. Kemp M. D.
Medical Attendant.

Address, 305 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

No. 99669

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99669 ***Office of Registrar of Vital Statistics.*** **Ward** 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death [illegible] if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, May 5" 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-years.

Place of Death, {Give Street and Number.} S.W. Cor. St Peter & Walker Sts.

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, May 8th /87

Undertaker, Th. J. Dill & son

Place of Business, 746 Columbia *Address,* [illegible]

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 19870

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99678 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, May 6 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Janney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give Street and Number.} 832 N. Eutaw St.

Cause of Death, First (Primary), Uterine Cancer.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, May 8th 1887

Undertaker, Wm. O. Weaver

Place of Business, No 738 N. Eutaw St.

A. Edw. Janney M. D.
Medical Attendant.

Address, 832 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY. ch1132. Printed 10/25/2022.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

No. 99671

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99671 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 7 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Dorsey

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.} Dorsey

Age, 1 *Years,* 3 *Months,* *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 427 Larew's Al

Cause of Death, First (Primary), Whooping Cough

Second (Immediate),

Duration of Last Sickness, Mother said child had been sick two weeks I saw patient only once it was dying then

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 7th 1887

Undertaker, Wm J Gray

Place of Business, 210 Mulberry St

Jno. G. Jay M. D.

Medical Attendant.

Address, 210 W Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]